

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/642194 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2		/	/			
3		/	/			
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TOTAL IND.	3		3			
TOTAL DEP.	16	←	16	←		
TOTAL CLAIMS	18	██████████	18	██████████		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.		←		←		
TOTAL CLAIMS		██████████		██████████		